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7735

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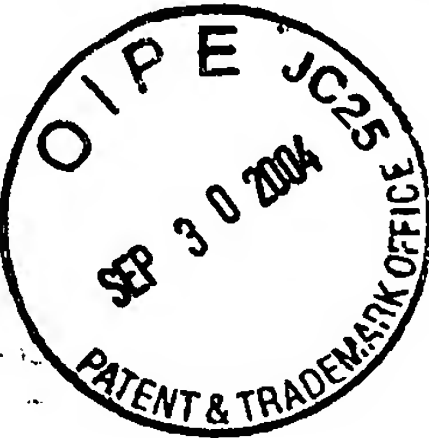
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07/27/2004

SCHMEISER, OLSEN + WATTS
SUITE 201
3 LEAR JET
LATHAM, NY 12033

10/04/2004 AKELECH2 00000004 090456 10645063

01 FC:1501 1330.00 DA
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/645,063	08/21/2003	David M. Fried	BUR920010082US2	6534

TITLE OF INVENTION: MULTIPLE-PLANE FINFET CMOS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KEBEDE, BROOK	2823	438-198000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Schmeiser, Olsen &
2 Watts; William D.
3 Sabo

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Business Machines Corporation, Armonk NY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed: -

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0456 (enclose an extra copy of this form).

(TBM)

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

Just P. Fredra

(Date)

08/06/2004

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